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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

TECH 4 B	USINESS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	MIGUEL PEREZ			
		Name of Person		
	TECH 4 BUSINESS LLC			
		Firm/Company		
	3253 FOXCROFT RD AP	T G-210		
		Address	-	
	MIRAMAR, FL 33025			
		City/State and Zip Code		
	MPTAXES.SERVICES@C			
		to be used for future annual report not	ilication)	
For further information of	concerning this matter, please c	all:		
MIGUEL PEREZ		786 319-3888 at ()		
Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)	
Mailing Addre		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECH 4 BUSINESS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
DATAHAUS USA LLC		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS _I	<u></u>
		D24 PPR
		PR
Enter new mailing address, if applicable:		30
(Mailing address MAY BE A POST OFFICE BOX)		-0 000
Maning underess MATI DE ATTOOT OF TICE DOA		
		-,
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title Name **Address** _____ Remove _____ □Change _____ Change _____ □Change _____ Change _____ □Add _____ □Add

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ective	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>te:</u> If i	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ument	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
s filed.	
s filed.	
s filed.	PRIL 23 2024
s filed.	

Filing Fee: \$25.00